

	<b>State of South Carolina</b>  <b>Request For Proposal</b>  <b>Amendment Two</b>	Solicitation Number 1-1065-10 Date Printed 8/12/2009 Date Issued 8/12/2009 Procurement Officer Bob Knudson Phone (803) 898-9750 E-Mail Address <a href="mailto:procurement@ddsn.sc.gov">procurement@ddsn.sc.gov</a>

DESCRIPTION: Provide consultative services capable of leveraging knowledge of laws and regulations and the SCDDSN service delivery system, specifically the Local Board system, to recommend changes to applicable SCDDSN programs that maximize Medicaid reimbursement, improve overall effectiveness, and enhance accountability.

USING GOVERNMENTAL UNIT: The South Carolina Department of Disabilities and Special Needs

*The Term "Offer" Means Your "Bid" or "Proposal".*

SUBMIT OFFER BY (Opening Date/Time): 10:30 AM August 19, 2009      See "Deadline For Submission Of Offer" provision  
QUESTIONS MUST BE RECEIVED BY: 5:00 PM August 10, 2009      See "Questions From Offerors" provision  
NUMBER OF COPIES TO BE SUBMITTED: **One (1) original and Five (5) copies (marked 'copy')**

**Offers must be submitted in a sealed package. Solicitation Number & Opening Date must appear on package exterior.**

SUBMIT YOUR SEALED OFFER TO EITHER OF THE FOLLOWING ADDRESSES:

MAILING ADDRESS:  
SC Dept Of Disabilities & Special Needs  
P.O. Box 4706  
Columbia, S.C. 29240

PHYSICAL ADDRESS:  
SC Dept of Disabilities & Special Needs  
3440 Harden Street Suite 220  
Columbia, S.C. 29203

See "Submitting Your Offer" provision

CONFERENCE TYPE: N/A DATE & TIME: N/A  As appropriate, see "Conferences - Pre-Bid/Proposal" & "Site Visit" provisions	LOCATION: N/A
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<b>AWARD &amp; AMENDMENTS</b>	The award, this solicitation, and any amendments will be posted at the above listed physical address and at the web address: <a href="http://www.ddsn.sc.gov/aboutddsn/procurementopportunities.htm">http://www.ddsn.sc.gov/aboutddsn/procurementopportunities.htm</a>
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You must submit a signed copy of this form with Your Offer. By submitting a bid or proposal, You agree to be bound by the terms of the Solicitation. You agree to hold Your Offer open for a minimum of thirty (30) calendar days after the Opening Date.

NAME OF OFFEROR <small>(Full legal name of business submitting the offer)</small>	<b>OFFEROR'S TYPE OF ENTITY:</b> <small>(Check one)</small>  <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation (tax-exempt) <input type="checkbox"/> Corporate entity (not tax-exempt) <input type="checkbox"/> Government entity (federal, state, or local) <input type="checkbox"/> Other _____ <small>(See "Signing Your Offer" provision.)</small>
AUTHORIZED SIGNATURE <small>(Person signing must be authorized to submit binding offer to enter contract on behalf of Offeror named above.)</small>	
TITLE <small>(Business title of person signing above)</small>	
PRINTED NAME <small>(Printed name of person signing above)</small>	
DATE SIGNED	

Instructions regarding Offeror's name: Any award issued will be issued to, and the contract will be formed with, the entity identified as the offeror above. An offer may be submitted by only one legal entity. The entity named as the offeror must be a single and distinct legal entity. Do not use the name of a branch office or a division of a larger entity if the branch or division is not a separate legal entity, *i.e.*, a separate corporation, partnership, sole proprietorship, etc.

STATE OF INCORPORATION <small>(If offeror is a corporation, identify the state of Incorporation.)</small>	TAXPAYER IDENTIFICATION NO. <small>(See "Taxpayer Identification Number" provision)</small>	STATE VENDOR NO. <small>(Register to Obtain S.C. Vendor No. at <a href="http://www.procurement.sc.gov">www.procurement.sc.gov</a>)</small>
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**PAGE TWO**  
(Return Page Two with Your Offer)

<b>HOME OFFICE ADDRESS</b> (Address for offeror's home office / principal place of business)	<b>NOTICE ADDRESS</b> (Address to which all procurement and contract related notices should be sent.) (See "Notice" clause)								
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Area Code</td> <td style="width: 25%;">Number</td> <td style="width: 25%;">Extension</td> <td style="width: 35%;">Facsimile</td> </tr> <tr> <td colspan="4" style="padding: 5px;">E-mail Address</td> </tr> </table>	Area Code	Number	Extension	Facsimile	E-mail Address			
Area Code	Number	Extension	Facsimile						
E-mail Address									

<b>PAYMENT ADDRESS</b> (Address to which payments will be sent.) (See "Payment" clause)	<b>ORDER ADDRESS</b> (Address to which purchase orders will be sent) (See "Purchase Orders" and "Contract Documents" clauses)
<input type="checkbox"/> Payment Address same as Home Office Address <input type="checkbox"/> Payment Address same as Notice Address (check only one)	<input type="checkbox"/> Order Address same as Home Office Address <input type="checkbox"/> Order Address same as Notice Address (check only one)

<b>ACKNOWLEDGMENT OF AMENDMENTS</b>  Offerors acknowledges receipt of amendments by indicating amendment number and its date of issue.  See "Amendments to Solicitation" Provision	Amendment No.	Amendment Issue Date	Amendment No.	Amendment Issue Date	Amendment No.	Amendment Issue Date	Amendment No.	Amendment Issue Date

<b>DISCOUNT FOR PROMPT PAYMENT</b> See "Discount for Prompt Payment" clause	10 Calendar Days (%)	20 Calendar Days (%)	30 Calendar Days (%)	_____Calendar Days (%)
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<b>PREFERENCES – SC RESIDENT VENDOR PREFERENCE</b> (June 2005): Section 11-35-1524 provides a preference for offerors that qualify as a resident vendor. A resident vendor is an offeror that (a) is authorized to transact business within South Carolina, (b) maintains an office* in South Carolina, (c) either (1) maintains a minimum \$10,000.00 representative inventory at the time of the solicitation, or (2) is a manufacturer which is headquartered and has at least a ten million dollar payroll in South Carolina, and the product is made or processed from raw materials into a finished end-product by such manufacturer or an affiliate (as defined in section 1563 of the Internal Revenue Code) of such manufacturer, and (d) has paid all assessed taxes. If applicable, preference will be applied as required by law.	<b>OFFERORS REQUESTING THIS PREFERENCE MUST INITIAL HERE.</b> _____  <b>*ADDRESS AND PHONE OF IN-STATE OFFICE</b>  <input type="checkbox"/> In-State Office Address same as Home Office Address <input type="checkbox"/> In-State Office Address same as Notice Address <div style="text-align: right;">(CHECK ONLY ONE)</div>
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<b>PREFERENCES – SC/US END-PRODUCT</b> (June 2005): Section 11-35-1524 provides a preference to vendors offering South Carolina end-products or US end-products, if those products are made, manufactured, or grown in SC or the US, respectively. An end-product is the item identified for acquisition in this solicitation, including all component parts in final form and ready for the use intended. The terms "made," "manufactured," and "grown" are defined by Section 11-35-1524(B). By signing your offer and checking the appropriate space(s) provided and identified on the bid schedule, offeror certifies that the end-product(s) is either made, manufactured or grown in South Carolina, or other states of the United States, as applicable. Preference will be applied as required by law.	<b>IF THIS PREFERENCE APPLIES TO THIS PROCUREMENT, PART VII (BIDDING SCHEDULE) WILL INCLUDE A PLACE TO CLAIM THE PREFERENCE.</b> <b>OFFERORS REQUESTING THIS PREFERENCE MUST CHECK THE APPROPRIATE SPACES ON THE BIDDING SCHEDULE.</b>
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AMENDMENTS TO SOLICITATION (JAN 2006): (a) The Solicitation may be amended at any time prior to opening. (b) Offerors shall acknowledge receipt of any amendment to this solicitation (1) by signing and returning the amendment, (2) by identifying the amendment number and date in the space provided for this purpose on Page Two, (3) by letter, or (4) by submitting a bid that indicates in some way that the bidder received the amendment. (c) If this solicitation is amended, then all terms and conditions which are not modified remain unchanged.

**PLEASE NOTE THAT THE FOLLOWING DEADLINE HAS BEEN CHANGED:**

Submit offer by (Opening date/time): 10:30 AM, Wednesday, August 19, 2009

**THE FOLLOWING QUESTIONS WERE RECEIVED FROM MR. ROBERT KERR OF KERR AND COMPANY CONSULTANTS:**

- 1) Is a formal presentation of the recommendations anticipated for any other entities outside of the Committee representing Local Boards and SCDDSN staff?

**Response:** The only formal presentation of recommendations will be to the Commission of the Department of Disabilities and Special Needs.

- 2) Does SCDDSN maintain specific component cost detail such as residential component cost?

**Response:** Yes, the department maintains detail cost information, which will be provided to the successful offeror.

- 3) Is it anticipated that the recommendations will be used in any follow-up responses to the Legislative Audit Council's recent review of SCDDSN?

**Response:** Any adopted changes will be reviewable by the Legislative Audit Council in their follow-up audit.

**THE FOLLOWING QUESTIONS WERE RECEIVED FROM MR. ROBERT DAY.**

- 4) Can you provide more specificity regarding the deliverable for this solicitation?

**Response:** The Department is seeking a final product by December 1, 2009.

- 5) How often do you expect the consultants to hold meetings with stakeholders?

**Response:** Scheduled meetings will be based on consultant's need for information from the staff at the department.

- 6) Is the contractor expected to develop consensus among stakeholders on the recommendations made to DDSN?

**Response:** Consensus will not be required.

- 7) In developing new rate structures, is the contractor expected to develop fiscal projections using existing data?

**Response:** The new rate structure will have to be cost neutral. Thus, the consultant will need to demonstrate that any proposed rate structure is cost neutral.

- 8) What is the process currently used to assign consumers to specific rate bands?

**Response:** The consumer is assigned a residential band based on the specific residential setting and the consumer's level of need. The funding band for consumers needing at-home supports is based on their funding source, consisting of one of the following three sources: 1) Community Support Waiver, 2) MR/RD Waiver, or 3) State Funded Day Supports.

**No further changes have been made to this solicitation.**